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Bib Data Sheet

CONFIRMATION NO. 9532

<b>SERIAL NUMBER</b> 10/774,622	<b>FILING OR 371(c) DATE</b> 02/10/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> 1488.131000D/EKS/EJH/SJE
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*cl* This application is a CON of 09/874,138 06/06/2001 PAT 6,743,625 which is a CON of 09/565,009 05/04/2000 PAT 6,872,568  
which claims benefit of 60/148,939 08/13/1999  
and claims benefit of 60/133,238 05/07/1999  
and claims benefit of 60/132,498 05/04/1999  
and is a CIP of 09/042,583 03/17/1998  
which claims benefit of 60/054,021 07/29/1997  
and claims benefit of 60/040,846 03/17/1997

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*ch* *NONE*  
IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
04/12/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 12	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Clark</i> Examiner's Signature	<i>CA</i> Initials			

## ADDRESS

26111

## TITLE

Death domain containing receptor 5

<b>FILING FEE RECEIVED</b> 2266	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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